

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Original

Please provide the appropriate information in the () areas in the heading below.

Xtension Services Inc. :

Application for a certificate of
interexchange authority :
to operate as a reseller of telecommunications :
services in the State of Illinois. :

00-0737

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**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name: **Xtension Services Inc.**

FEIN # **59-3631156**

Address: **4614 W. Sunset Blvd.**

City: **Tampa**

State/Zip: **FL 33629**

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange
_____ X 13-404 Resale of Interexchange
_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

_____ X _____ Part 710 Uniform System of Accounts for Telecommunications Carriers -
Applicant maintains records in accordance with Generally Accepted
Accounting Principles.

_____ X _____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local Exchange
Telecommunications Carriers in the State of Illinois - Credit and billing terms are
agreed to in writing between the parties prior to service commencement. Terms
parallel those noted in Part 735.

_____ X _____ Section 735.180 Directories - Applicant does not intend to provide local
service

_____ Other _____

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document - **Not applicable.**
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document - **Not applicable.**
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document - **Not applicable.**
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document - **Not applicable.**
5. In what area of the state does the Applicant propose to provide service? - **Entire State**
6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see Attachment I

7. Please check type of organization?
- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | Date corporation was formed: March 1, 2000 |
| <input type="checkbox"/> Other (Specify) | In what state? Delaware |
8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.
- Please see Attachments II and III.**
9. List jurisdictions in which Applicant is offering service(s).
- Applications are at various stages in Texas, California, Nevada, Florida, New York and Colorado.**
10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachments IV and V.

15. List officers of Applicant.

Jamie J. O'Steen - President

David H. Amis - Executive Vice President, Secretary and Treasurer

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES X NO

If YES, list entity _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Services will be billed monthly. All services including outage credits will be itemized. Taxes will be presented by Jurisdiction.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Provisioning - Upon the initiation of a service request, the customer will be provided a contact point within the Applicant's organization to assure timely installation.

Billing - The customer is provided a contact into the Billing department. Billing disputes are minimal as Applicant primarily provide private lines. In the event of a dispute, the Customer can escalate to the Executive Vice President or the President. Escalation process takes less than a day. If dispute remain, Customer is advised that they can seek assistance from the Commission.

Service and Repair Complaints - Upon service turn-up, Customers will be provided a 800 trouble reporting number plus a four-level escalation process. Executive Vice President and President are third and fourth level escalation.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO

20. What telephone number(s) would a customer use to contact your company?

813.831.8916

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

 X YES NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers? **At this time, Applicant does not intent to provide 1 Plus service. Thus, question is moot.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

 YES X NO (If no, please provide an explanation.) **Have not applied for local authority.**

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

 X YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Attachments VI and VII.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ____ YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

AT&T, Qwest and Genuity.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

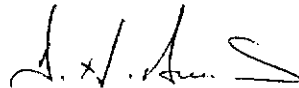
Primarily, resell of private lines. In some instance, resell of switched minutes between carriers. It is not envisioned that switched minutes will be sold to commercial or residential accounts.

28. Will technical personnel be available at all times to assist customers with service problems?

X YES ____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ____ YES ____ NO

Not applicable.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of FLORIDA)
County of HILLSBOROUGH)ss

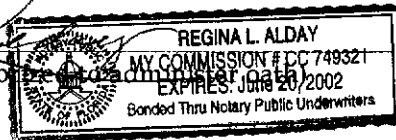
David H. Amis makes oath and says that he is Executive Vice President of Xtension Services Inc. and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

A. H. Amis
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ REGINA L. ALDAY - Notary
(Title of person authorized to administer oaths)

in the State and County above named, this 08 day of NOVEMBER, 2000.

Regina L. Alday
(Signature of person authorized to administer oaths)



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